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UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

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MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT

DeValius McDonald

(Enter above the full name
of the plaintiff or plaintiffs in
this action)

vs.

Dr. Kim

07CV7221
JUDGE BUCKLO
MAGISTRATE JUDGE KEYS

Case No: _____
(To be supplied by the Clerk of this Court)

(Enter above the full name of ALL
defendants in this action. Do not
use "et al.")

CHECK ONE ONLY:



COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983
U.S. Code (state, county, or municipal defendants)

COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE
28 SECTION 1331 U.S. Code (federal defendants)

OTHER (cite statute, if known)

BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.

I. Plaintiff(s):

- A. Name: De Valius McDonald
- B. List all aliases: none
- C. Prisoner identification number: 055990
- D. Place of present confinement: Kane County Jail
- E. Address: 777 East Fabyan Parkway, Geneva IL 60134

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: Dr. Kim
- Title: Doctor
- Place of Employment: Kane County Jail
- B. Defendant: _____
- Title: _____
- Place of Employment: _____
- C. Defendant: _____
- Title: _____
- Place of Employment: _____

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

A. Name of case and docket number: none

B. Approximate date of filing lawsuit: _____

C. List all plaintiffs (if you had co-plaintiffs), including any aliases: _____

D. List all defendants: _____

E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): _____

F. Name of judge to whom case was assigned: _____

G. Basic claim made: _____

H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): _____

I. Approximate date of disposition: _____

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

Dr. Kim of Kane County Jail Medical Staff refused to give me Norvasc with HCZT tablets which is prescribe to me by my private primary healthcare physician at Elgin Medical care for my hypertension. Instead he substituted a drug for Norvasc without asking my permission or consulting my private healthcare physician, citing that the cost for Norvasc was too expensive for Kane County. This drug caused me to experience painful heart spasms, I feared for my life. After arguing with Dr. Kim he changed it to Norvasc. Then due to lack of vitamin C in the diet my gums started bleeding and became infected causing excruciating pain and I was unable to eat properly or sleep. Dr. Kim said that he could not give me over the counter vitamins because I had to be pregnate or HIV positive of which I am neither (I am 58 years old male). I suffered excruciating pain and was unable to eat properly or sleep for two weeks until I was able to see the dentist. He prescribed penacillin and ibuprofen for pain and swelling of gums. I'm at the present am still feeling slight pain and discomfort

in my gums because I don't have any vitamins to correct my deficiency. This occurred during August 2007. Dr. Kim first asked me what medication if any was I taking, I told him that I was prescribed Norvasc and HCZT tablet by my private physician and had been taking it for the past number of years. Dr. Kim said that he would give me medication. Later when my heart went into spasms I stop taking the medication and I demanded to see the doctor. Two or three days passed and when I confronted Dr. Kim about what happen it was only then that he informed me of the change of my medication without notifying me and that's when he cited "casts" of Norvasc and we argued and then he changed it to Norvasc. Norvasc works by relaxing the veins so blood flows unrestricted which lowers blood pressure. Dr. Kim explained that his substitute drug slow down my heart which causes a drop in blood pressure. This slowing effect is what caused my heart to sputter as if it was about to stop causing pain and irregular heart beat.

V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

I am asking the court for relief in the sum of \$500,000.⁰⁰

VI. The plaintiff demands that the case be tried by a jury. ☒ YES ☐ NO

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 18 day of Dec, 2007



(Signature of plaintiff or plaintiffs)

DeValius McDonald

(Print name)

055990

(I.D. Number)

Kane County Jail

777 East Fabyan Parkway

Geneva, IL 60134

(Address)